



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

Commercial Occupational Tax Certificate Application Packet

Contents:

Occupational Tax Application – Complete Applications and Sign

Fire Department – Complete New Business Occupancy Application and Sign

***Contact Assistant Fire Marshal-Tim Johnson: 678-910-0091 to
schedule Fire inspections within 10 days of this application.**

Affidavit Verifying Residency – (SAVE) Complete and have notarized.

Private Employer Affidavit – (E-Verify) Complete and have notarized.

- # of employees will include: Owner, Full Time and Part Time employees.

* Notary on premises.

Attach:

Driver's License

State License # (if applicable)

Tax ID # (if applicable)

Applicable Tax Forms

Payment:

Forms of payment accepted:

- Cash

- Checks

- Money Orders

Make payable to the "City of Loganville"

**Please Note: Any outstanding utility and/or tax bill(s) must be paid in full to receive an
Occupational Tax Certificate.**

City of Loganville

Commerical Occupational Tax Application

PO Box 39 • 4385 Pecan Street • Loganville, GA 30052 • (770) 466-2633 • Fax (770) 554-5556

This fee is required by all businesses listed in the City of Loganville Occupational Tax Ordinance. All businesses must follow the rules and fees as defined in the said Ordinance.

Business Name _____

Is Business in Home? _____ Yes _____ No _____ Gross Revenues _____

Street Address _____

Mailing Address _____

Owner of Business _____

Owner Address _____

Business Phone # _____ Fax # _____

Cell Phone # _____ Home Phone # _____

Social Security # _____ E-Mail _____

Tax ID # _____ State License # (if applicable) _____

Type of Work/Business _____

(Read before you sign) Any false statement, misrepresentation of fact(s) or omission may be cause for criminal prosecution.
O.C.G.A. 16-10-20

I certify that the above information is correct and true.

Signed _____ Date _____

For Office Use Only

Amount Due _____ SIC Code _____ Account # _____ Class _____

Date Paid _____ Taken By _____ This certificate is good for 20 _____



City of Loganville Fire Department
Fire Prevention & Inspection Office
605 Tom Brewer Rd. • Loganville, GA 30052
Office (770) 554-6900 • Fax (770) 554-6565

New Commercial Business Occupancy Application

Official Use Only

Permit # _____ P & D Project # _____ Date _____

Business Name _____

Street Address _____

Suite _____ Phone _____ County _____

Owner/Representative _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email Address _____ Cell# _____

• This Application is subject to review and approval by the Authority Having Jurisdiction (The City of Loganville Fire Services).

• A Fire Prevention Inspection and Certificate of Occupancy, in compliance with the State Minimum Fire Safety Standards, shall be obtained from the City of Loganville Fire Services prior to occupancy of the building or facility.

Signature _____ Date _____

Fire Inspector _____ Date _____



Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

This form is required to be filled out and notarized in order to receive an Occupational Tax License

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*Alien registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____, 20____.

Notary Public

My Commission Expires: _____

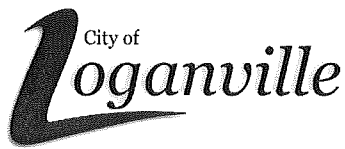
*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- ☐ I-327 (Reentry Permit)
- ☐ I-551 (Permanent Resident Card)
- ☐ I-571 (Refugee Travel Document)
- ☐ I-688 (Temporary Resident Card)
- ☐ I-688A (Employment Authorization Card)
- ☐ I-688B (Employment Authorization Document)
- ☐ I-766 (Employment Authorization Card)
- ☐ Certificate of Citizenship
- ☐ Naturalization Certificate

- ☐ Machine Readable Immigrant Visa
- ☐ Temporary I-551 Stamp (on passport or I-94)
- ☐ I-94 (Arrival/Departure Record)
- ☐ Unexpired Foreign Passport
- ☐ I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- ☐ DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- ☐ Other (Use Document Description)

Applying on Behalf of/Name of Associated Business



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

Required by the State of Georgia

By executing this affidavit under oath, as an applicant for an *occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the City of Loganville, the undersigned applicant representing the private employer known as _____ one of the following with respect to my application for the above mentioned document:

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed Eleven (11) or more employees. (Please fill out Section 2 and 3 below).

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed Ten (10) or less employees. (Please fill out Section 3 below.)

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-verify Number)

Date of Authorization

3. In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____